Interactions between a general practitioner and representatives of drug companies

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Nearly all general practitioners meet representatives of drug companies.¹ The drug industry spent an estimated £5000 per general practitioner promoting its products in the United Kingdom in 1985.² Drug representatives are a crucial element in the promotion of products, and expenditure on representatives accounts for over 50% of promotional budgets.¹ Information is available on the frequency and duration of meetings between general practitioners and drug companies' representatives.¹ I describe my meetings with representatives during one year, including the samples, gifts, and literature given to me.

Subjects, methods, and results

The study was based at my singlehanded general practice in a rural town, population 1000, in the south east of Ireland. The practice was not dispensing. For 50 of the 52 weeks between 29 August 1990 and 28 August 1991 I and two receptionists recorded details of the visits by representatives of drug companies to my surgery. We recorded each representative's name and gender, the name of the company represented, the time spent with me, the name and number of products promoted, and any samples, gifts, or literature provided. The representatives were unaware that the study was taking place. For each visit I adopted a passive role, allowing the representative to dictate its content and duration. I did not request any samples but accepted all samples and gifts that were offered. The value of the samples was calculated from the prices quoted for September 1991 in the *Monthly Index of Medical Specialities*.

I received a total of 109 visits, a mean of 2.2 per week, from 49 representatives of 41 drug companies, a mean number of 2.7 visits per company. The visits lasted for a mean of 6.17 (range 2-16) minutes, and the sex of the representatives made no significant difference to the length of the visits ($t=1.63$; $df=107$; $p=0.106$). In each visit a mean of 3.3 (1-6) products were promoted. Data sheets were offered in 11 of the visits whereas advertising brochures were offered in 51. Two representatives offered copies of articles from peer reviewed journals. I received a gift in 64 visits: these usually displayed an advertisement for the product being promoted, and consisted of stationery, pens, diaries, calendars, or trinkets (mugs, tapes, towels, clothes brush, desk tidy, air freshener, ice scraper, and flower seeds). I was given samples of

drugs in 103 of the visits and received 174 samples altogether. The table lists these samples according to the classification used in the *British National Formulary*.

Free drug samples received by a general practitioner in one year. Drugs classified in accordance with British National Formulary

	No (%) of samples	Estimated cost (£)
Drugs used in treatment of:		
Cardiovascular system	36 (21)	376.35
Infections	29 (17)	250.94
Respiratory system	24 (14)	327.09
Gastrointestinal system	21 (12)	155.93
Musculoskeletal and joint diseases	20 (11)	147.46
Skin	12 (7)	66.19
Central nervous system	11 (6)	47.79
Ear, nose, and oropharynx	6 (3)	36.77
Eye	5 (3)	14.54
Others	10 (6)	62.16
Total	174 (100)	1485.22

Comment

The code of marketing practice for the pharmaceutical industry states: "The size and quantity of the sample supplied should be appropriate for either familiarisation with the presentation and appearance of the product, or the provision to patients for immediate use of an initial small supply of a product."³ The total value of the samples recorded in this study was £1485, which constitutes a substantial gift to a general practitioner.

Representatives are perceived by the industry as having a dual role as educators and promoters.¹ During the visits I received, however, the emphasis was on promotion. Advertising has been shown to influence physicians' prescribing habits so that they tend to prescribe analgesics according to advertised guidelines rather than published scientific literature.⁴

The gifts I received were not expensive items. Their main purpose seemed to be an attempt to keep a product's name before me, presumably in the hope that this would be consciously or unconsciously assimilated. Acceptance of gifts can have complex practical and ethical repercussions, including the establishment of a relationship in which a doctor may feel obliged to respond.⁵

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A national survey of the provision of support services for people with cancer

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As well as technical competence in diagnosis and management people with cancer need psychosocial support.¹ They may also require help to overcome the physical effects of the disease and of treatment.² Although both these needs are increasingly being

recognised, little is known about the distribution of services aimed at helping people cope with cancer. This paper describes the results of a national survey of support services provided by district health authorities for people with cancer.

Methods and results

In January 1991 the district general managers of all 190 English health districts were sent a short postal questionnaire asking about "any rehabilitation or support services provided for patients following treatment or diagnosis of cancer." Four weeks later non-responders were recontacted.

The response rate was 89% (170). Six districts said

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